

HEART INSIGHT®

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VOLUME 6
NUMBER 1

Healthy Living for Patients, Their Families & Caregivers

LIVE TO DANCE

Heart attack survivor Ellen Abramson encourages women to be heart smart

FAST AND HEALTHY

Healthy and delicious recipes to replace fast-food favorites

What you need to know about the
**AFFORDABLE CARE
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HEART INSIGHT.

Features

4 LIVE TO DANCE

Heart attack survivor Ellen Abramson encourages women to be heart smart

BY LINDA CHILDERS

9 YOU'VE GOT QUESTIONS

How to talk to your doctor and get the answers you need

BY STEPHANIE STEPHENS

12 NAVIGATING THE INSURANCE SEA

What you need to know about the Affordable Care Act Marketplaces

BY NORRA MACREADY

HEART INSIGHT ONLINE BONUS

www.heartinsight.com

TAKE A STAND AGAINST HEART DISEASE IN WOMEN

BY LINDA CHILDERS



Departments

3 ON MY MIND

HEART INSIGHT'S Editorial Board Chair, Michael A. Bettmann, M.D., FAHA, fills you in on this month's issue

16 LIFE'S SIMPLE 7®

Modest lifestyle and behavioral changes that can improve your health

20 FAST FOOD MAKEOVER

February is American Heart Month. Try some of these healthy and delicious recipes as alternatives for fast-food favorites to help take care of your heart.

20 Pork and Green Onion Tacos

21 Chinese Chicken Stir-Fry

22 Garlicky Greek Salad Pizza

23 Chocolate-Peanut Butter Smoothies



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Living each day to the fullest

February is American Heart Month, and our cover story this month is a great reminder that heart disease can affect just about anyone. Ellen Abramson was a mother of three who prided herself on eating healthy and keeping active when she had a heart attack at the young age of 51. Although Ellen watched what she ate and exercised regularly, she rarely went to the doctor and had no idea what her cholesterol or blood pressure levels were. Now recovered, Ellen keeps a closer eye on her health by using medications to control her cholesterol, and uses her story to educate women about heart disease. And she's determined to live each day to the fullest. Read Ellen's inspiring story on page 4. And remember, February 7 is National Red Wear Day! Find out more by visiting GoRedForWomen.org.

Most of us feel intimidated when we visit a doctor or other healthcare provider—we're often rushed in and out in minutes, with rarely enough time for a decent conversation. But to get the most out of your visit, you need to be prepared and then speak up! "You've Got Questions," on page 9, provides tips and ideas for talking to your doctor so you get the information you need to stay healthy.

This month's **HEART INSIGHT** also takes a look at the Affordable Care Act Marketplaces in "Navigating the Insurance Sea" on page 12. If you haven't chosen a plan yet, don't despair—we'll clear up confusion about the law and help with what you need to know to make an informed decision.

"Life's Simple 7," on page 16, provides information on modest lifestyle and behavioral changes that can lead you to a lifetime of good health. In this issue, you'll get tips on how to start a physical activity program; learn all about the AHA's Heart Healthy Diet Recommendations; find out how your smartphone or tablet can help you stay healthy; understand why blood pressure is so important; and find the best ways to deal with the urge to smoke once you've quit. And don't forget about our recipes, starting on page 20, which feature alternatives to some fast-food favorites.

Don't forget to visit us at HeartInsight.com and read our online-only bonus article, "Take a Stand Against Heart Disease in Women," or download the **HEART INSIGHT** app for free and enjoy the entire issue on your device.

I'm very interested in hearing your thoughts and suggestions about how we can make this magazine even better, so please e-mail me at HeartInsight@wolterskluwer.com or write to **HEART INSIGHT**, Two Commerce Square, 2001 Market St., Philadelphia, PA 19103. You can also follow us on Twitter: twitter.com/Heart_Insight.

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MICHAEL A. BETTMANN, M.D., F.A.H.A.
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Live to

Heart attack survivor Ellen Abramson encourages women to be heart smart

BY LINDA CHILDERS

Six years ago, 51-year-old Ellen Abramson of St. Louis was the picture of health. Working for a national weight loss company, the busy mom of three prided herself on eating healthy and working out on a regular basis. So when she began experiencing puzzling symptoms such as regular heartburn and crushing fatigue, she knew something wasn't right.

"Instead of going to a general practitioner for a physical, I went to a walk-in clinic and told the doctor I was tired and having constant heartburn," Ellen says. "He handed me some over-the-counter antacid medication and told me I was getting older and needed to slow down."

Yet even after taking the antacids, Ellen continued to feel worse. She couldn't maintain her usual exercise regimen, and when she looked in the mirror, she noticed her skin had taken on a gray pallor.

"I had been doing aerobic activity six days a week for an hour each day," Ellen says. "Then it got to the point where I couldn't be on the elliptical machine for more than a minute without feeling exhausted."

Ellen with her daughter Heather, who says her mother has "a huge heart, a strong voice and a story that can change lives."



dance

A woman with dark hair, smiling broadly, wearing a bright red jacket over a dark top. She is sitting on a patterned surface, possibly a couch or bed. The background is a blurred indoor setting with light coming from a window.

Small changes make a big difference

While heart disease is the number one health threat for women, it's also preventable 80 percent of the time.

"No matter what your age, adopting a healthy lifestyle can dramatically decrease your risk of developing heart disease," says Steven Masley, M.D., F.A.A.F.P., C.N.S., of St. Petersburg, Fla., a physician and nutritionist, health researcher, speaker, author and trained chef. In his new book, *The 30-Day Heart Tune-Up: A Breakthrough Medical Plan to Prevent and Reverse Heart Disease* (Center Street, 2014), Masley shows readers how they can make simple heart-healthy changes to prevent heart disease and strokes, and how to reverse cardiovascular disease.

"I encourage people to look beyond their cholesterol levels and consider their fitness, fiber and nutrient intake, body fat, blood pressure and inflammation levels," says Masley, a Fellow with the American Heart Association's council on Lifestyle & Cardiometabolic Health.

The AHA recommends a daily intake of 25 to 30 grams of fiber, but Masley says most people only get a third of that, despite the fact that fiber can help with weight loss and studies have shown high-fiber foods are associated with a lower risk of heart disease.

Masley cites certain foods that are not only high in fiber but also possess extraordinary nutritional properties such as oatmeal, which is an excellent source of protein, magnesium and potassium. Tomatoes are also high in fiber and potassium, beta-carotene and B vitamins, and are linked to reduced cardiovascular disease risk.

"I recommend people eat more lean proteins and fiber-rich foods including beans, vegetables, apples and nuts and less saturated fat, [which is] found in many baked goods and fried foods," Masley says. "In addition, try to get three servings per week of cold-water fish like salmon, mackerel, tuna and sardines that contain high amounts of heart-healthy omega-3 fatty acids."

"Making positive lifestyle changes can lead to a decreased risk of heart disease," says Masley, who calls prediabetes the leading cause of heart disease today. An estimated 87 million Americans have prediabetes, a condition where blood sugar levels are higher than normal but not high enough to be classified as full-blown diabetes.

Key signs of prediabetes include high blood pressure, high levels of triglycerides, low levels of "good" high-density lipoprotein (HDL) cholesterol and high levels of blood sugar. While prediabetes can be a

stepping stone to type 2 diabetes and heart disease, people who lose 7 percent of their body weight and exercise for at least 30 minutes, five days a week, can reduce their risk of developing diabetes and heart disease.

"If you've been sedentary, get your doctor's OK to start an exercise program," Masley says. "Then work out at least once with a fitness professional to determine how to raise your heart rate, preferably to 70 to 80 percent of your maximum rate, and keeping it in this range for at least 30 minutes, five days a week."

In addition to diet and exercise, Masley says it's important to incorporate relaxation into your day in order to combat heart disease.

"Getting at least seven hours of sleep each night and adding activities such as prayer or meditation that promote calm and relaxation are important," he says. "Having a regular relaxation routine can help you combat unmanaged stress, which can have an adverse effect on your health."



After months of feeling lethargic and experiencing heartburn and shortness of breath, Ellen woke on April 27, 2008, feeling better than she had in quite some time. She worked in the garden, jogged on the treadmill and then, seemingly out of nowhere, she began experiencing chest pain and sweating profusely.

"I called my husband and daughter who were in another part of our house," Ellen says. "I thought I was having a heart attack and yet I didn't want to believe it. I decided to take a shower before going to the emergency room, but when I got in the shower I noticed my feet were purple."

Ellen suddenly had a vivid memory of her paternal grandfather who died of cardiac arrest in her father's car on his way to the hospital. Sensing something was terribly wrong, Ellen decided to forgo the shower and instead had her husband take her directly to the hospital.

Once inside the emergency room, a nurse took Ellen's pulse and then did an electrocardiogram, or EKG. Ellen watched as her hands turned purple and she heard the doctor tell her she was having a heart attack.

Ellen remembers little of what happened next. She knew she was fighting for her life and that her heart stopped beating and the medical team had to resuscitate her. She was told she was taken for a cardiac catheterization, where doctors did an angioplasty and inserted a stent, a drug coated device, in the coronary arteries, to open a blockage in her arteries. As she was wheeled to the intensive care unit, Ellen remembers the shock and tears she saw in her family's eyes and felt bad she had put them through such an ordeal.

"Having my husband and children confronted with my near death was devastating to them," Ellen says. "As women we are caretakers, and we get busy doing everything for everyone else, but we need to take care of ourselves too so we can be there for the people who love us."

BECOMING A HEART-HEALTH ADVOCATE

The day she began cardiac rehab was also the day that Ellen decided to use her story to educate other women about heart disease.

"I realized I had the gift of speaking and I wanted women



to know that if I could have a heart attack, they could too," Ellen says. "Women tend to fear breast cancer, yet heart disease is the number-one killer of women."

The first thing Ellen emphasizes when speaking to women about heart disease is the importance of knowing their key numbers for heart health including cholesterol, blood pressure and blood glucose levels. It's advice she wishes she had taken herself.

"I never went to a doctor regularly, partly out of fear," Ellen admits. "And even though I had a family history of heart disease, I mistakenly thought it only affected men."

Although her grandfather had died from heart disease and her own father underwent quadruple bypass surgery at the age of 49, Ellen never considered she might be at risk.

"I remember my brothers being told that heart disease had a genetic component, but it was never an issue that was addressed with me," she says.

While Ellen never missed a mammogram, she didn't know her cholesterol or blood pressure levels. After her heart attack, she learned her total cholesterol was 200, a number her doctor said was too high for someone with a family history of heart disease. Ellen also learned that smoking was a major risk factor for heart disease, especially when combined with other risk factors.

"I had been a closet smoker for years," Ellen admits. "I started smoking at 16 and even though I had cut back over the years and had quit six months before my heart attack, I never fully realized the health implications of smoking and heart disease."

A healthy eater before her heart attack, Ellen also made

Ellen enjoys spending time with her twin grandchildren, who keep her active.

changes to her diet after finishing cardiac rehab.

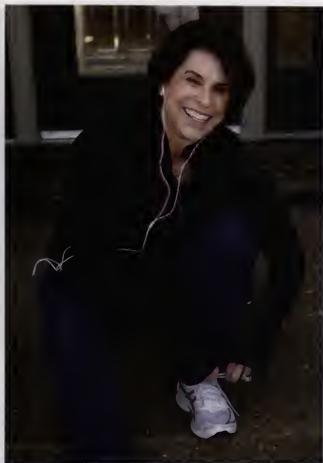
"I learned how to cook heart-healthy meals years ago after my dad's bypass surgery, but after my heart attack, I cut out most of the processed foods I had been eating," she says. "I used to buy things like spray butter, mistakenly thinking it was healthier, but I learned that imitation foods like that are just highly processed fake versions of the real thing." For more tips on how to stay healthy, read our online-only bonus article, "Take a stand against heart disease in women," at heartinsight.com.

To share her story with a wide audience, in 2012 Ellen wrote a book about her illness and recovery called *Live to Dance*, which she dedicates to "...the One who allowed me to dance at my daughter's wedding and to celebrate each and every day of my life!" You can read more about Ellen and her book at livetodancebook.com.

Today at age 56, Ellen remains grateful for the little things in life. She says her memory recall has been more challenging since her heart attack, but she is determined to live every day to the fullest. She has resumed her exercise regimen and enjoys activities including swimming and jogging to music, and spending time with her twin grandchildren—a boy and girl born in 2012.

"My doctors say the fact that I was so physically active before my heart attack helped with my recovery," Ellen says. "I have great doctors and I see them regularly now because I'm doing everything I can to live the healthiest life possible."

Ellen finds time for physical activity every day—she especially enjoys jogging to music.



While Ellen says she always appreciated life, having a heart attack gave her a renewed appreciation for her health, her family and the little things in life that many of us take for granted.

"I have learned that what your loved ones really want for their birthdays, graduations and weddings is to spend time with you," Ellen says. "The greatest gift you can give to yourself and your family is the gift of good health." ■

Treat yourself or a woman you love this Valentine's Day

With Valentine's Day on February 14, Tracy L. Stevens, M.D., a cardiologist at St. Luke's Health System in Kansas City, Mo., and a national spokesperson for the American Heart Association, suggests celebrating by giving yourself or a loved one a gift basket containing the following items:

- **A home blood pressure monitor.** "This can help make an early diagnosis of high blood pressure in family members and also help track your treatment if you've already been diagnosed with high blood pressure," Stevens says. "Keep a blood pressure log and take it with you to your next doctor's appointment."
- **A tape measure.** "It's crucial to know your waist circumference," Stevens says. Waist circumference should be no more than 40 inches for men and no more than 35 inches for women. (Recommendations are lower for people of Asian descent: 37–39 inches for men and 31–35 inches for women.)
- **A pedometer.** "Track your steps during the day and try to work up to 10,000 steps a day," Stevens says.

*How to talk to your
doctor and get the
answers you need*



You've got questions

BY STEPHANIE STEPHENS

When Kelly David of Greene, Maine became pregnant with her third child two years ago, she began to develop severe morning sickness and felt dizzy and "swollen" beyond what she thought was normal. Her heart began to flutter, "like a cup filling up and dumping," she recalls.

This determined mom—who also works in healthcare—prepared a list of pertinent questions for her doctor. Kelly ultimately discussed her symptoms with three healthcare providers, one of whom dismissed her worries as "a normal part of pregnancy."

"It was nearly impossible to ask a question," she recalls of that thwarted attempt at meaningful communication with her healthcare providers.

As her heartbeat became increasingly erratic, Kelly sought help with different doctors, refusing to give up. She was finally diagnosed with Wolff-Parkinson-White (WPW) syndrome, a condition caused by an abnormal extra electrical pathway of the heart that can cause rapid and irregular heartbeats.

Kelly experienced an easy delivery and four weeks later underwent a procedure called catheter ablation to fix her heart's erratic rhythm caused by the syndrome. Before her cardiac procedure, the exhausted but still-focused new mother readied another list of queries.

"In addition to the general questions anyone would ask about surgery, I needed to know: How is this procedure going to affect me long term? What are the side effects of my medications for this condition—now and as I age?" Kelly says.

She worried about her newborn, asking, "How will the procedure affect breastfeeding? How will having had a baby recently affect my recovery? How will my surgery affect me since I've just had a baby?"

After the procedure, which went well, Kelly asked her doctor about the long-term effects of WPW. Because she still had occasional flutters, she asked if they would stop and whether they could possibly be caused by something else. Kelly's doctor answered all of her questions and she felt like she had a good handle on her syndrome and how it would affect her life going forward.

Satisfied that she found the answers she needed, Kelly is now an advocate for the proactive patient. "Really talk to your doctor and ask what's important to you because the conversation is ultimately about you and your health," she says.

CHOOSE YOUR WORDS

"Patients do not focus upon prettier waiting rooms, better hospital food, smiling office staff or problems with parking," wrote authors Tom DelBanco, M.D. and Margaret Gerteis, Ph.D. about the doctor-patient relationship on the health information website UpToDate.com. "Rather, they are concerned about issues of clinical significance that have little to do with what we think of as the 'image' of the [doctor] or the 'atmosphere' of the office or clinic. They want to be able to trust the competence and efficiency of their medical providers. They want to be able to negotiate the healthcare system effectively and to be treated with dignity and respect."

More than 80 percent of Americans saw a healthcare professional in the past year, and research estimates that patients visited doctors' offices, outpatient clinics and emergency rooms 1.2 billion times. Since the odds are we'll all see a healthcare provider at least a few times in our lives, it makes sense to learn how to do it well, whether talking on the phone, in the doctor's office or in a hospital. Think of it this way: Good communication is good medicine.

It's not unusual to leave your doctor's office feeling dissatisfied and even disoriented, says Zackary D. Berger, M.D., Ph.D., an assistant professor in the Division of General Internal Medicine at the Johns Hopkins School of Medicine in Baltimore, Md. He's also the author of the new book *Talking to Your Doctor: A Patient's Guide to Communication in the Exam Room and Beyond* (Rowman & Littlefield, 2013).

"It's easy to blame the doctor, but flaws exist in the healthcare system and doctors are shaped by this," he says. "And although it's easy to just say, 'Choose another doctor,' a lot of patients can't. Instead, with forethought and planning, the conversation can emanate from a place of respect and empowerment. Yes, you can train yourself and your doctor."

In fact, a study in the April 2013 issue of the *Annals of Internal Medicine* reported that attention to patient needs and circumstances when planning care is associated with improved healthcare outcomes.

Changing behaviors still seems like a tall order, given that the average doctor visit is 15 minutes or less. "The time in the room where the visit takes place—like the interior of a time machine—can expand or contract according to the attention that doctor and patient devote to each other," says Berger. "It's not about the length of the visit, but the quality. The solution to the problem of communication is to learn the dance that doctor and patient must perform together so communication leads to a healthy conversation."

And there's no time like the present, with healthcare undergoing major upheaval. "There's even more pressure on patients and physicians to exchange information efficiently now than ever before," says Peter R. Kowey, M.D., of the Lankenau Heart Group in Wynnewood, Pa.

Trying to see as many patients as possible in one day often cuts a doctor's visit shorter than both the patient and doctor would like, resulting in the dreaded, "Oh, by the way, doctor, I meant to ask..."

"At the end of every visit, I make time to say, 'What other questions can I answer for you?'" says Kowey. As a result, he says, patients rarely need to call the office later because they didn't understand their diagnosis or treatment.

In his specialty, he says, the reason many patients see him for a second opinion is that they didn't understand the first one. "They're not looking for another answer—they're looking for any answer," he says. "Incomplete information and unanswered questions may lead to bad consequences. Something that's pretty trivial can really turn into a mountain if not handled correctly at the outset. I've had patients tell me that they didn't have adequate information passed along to them about something serious. It's not an uncommon problem."

IF YOU'RE SHY

So you want to go forth and be an empowered patient, but that's easier said than done. Not every patient can just ramp up his or

Dr. Kowey's tips on how to get the most out of your doctor's visit

- Pick your doctor carefully: Rely on people you trust for help.
- Read up on your condition to get background information, then ask your doctor for clarification if you don't understand something.
- Bring written questions and write down your doctor's answers. Relying on memory will be problematic.
- If you don't understand something, keep asking questions. Don't accept medical jargon you don't understand.
- Ask for specific numbers or percentages: How many times I have to take this medicine and how much do I take?
- There are always options: Ask your doctor to tell you what they are.
- Consider getting a second opinion, which is important for new or very risky procedures.
- Don't be bashful: No topic is taboo.
- Don't lie or exaggerate: You'll never get what you need if your doctor is in the dark.

her confidence immediately, Berger says. It's a process.

"Start with being sensitive about how you communicate and be mindful during your visit—be in the moment," he says. "In this and any relationship you want to listen and be listened to, and to share in every decision."

Not every patient is comfortable participating in the technical aspects of a healthcare decision, he says, but you can open up about what's bothering you and your preferences for healthcare so your doctor can make those decisions based upon his or her knowledge.

"Try to frame [your] symptoms as a story or narrative as you share your experiences," suggests Berger. Stories help the provider understand the patient's experiences.

In the process, sometimes you have to talk about what makes you nervous, embarrassed or just plain grossed out. "Using professional and specific language can make a difference in how others perceive your problems," he says. You don't have to spout like a medical encyclopedia, but beating around the bush about what's "down there" slows things down and makes the doctor guess when you discuss bodily functions or sex. "This is the chance to get answers and to remember that you're not the first human being to have these questions," Berger says.

By the end of the visit, there should be a plan made between you and your doctor regarding the communication you should have during the course of the year, Berger says, proposing these questions, if applicable, to your doctor for follow-up:

- Can I communicate with you by e-mail, Skype or social media?
- If you prefer I communicate by phone, whom should I expect to speak to when I call the office?
- How soon should I expect a return call?
- What are the situations when I should reasonably expect to speak directly to you?

TOOLS YOU CAN USE

Maybe you have a daily "to-do" list in your life, and making a similar checklist before you see your doctor can help keep your conversation and ultimately your health on track. You may also need to step out of your comfort zone and be persistent—no, you're not "bothering" the doctor. He or she is there to help. Speaking up is the most important thing you can do when visiting your doctor (see *How to speak up*, at right).

You can improve your communication skills with the PACE Guide sheet created by Donald J. Cegala, PhD, Professor of Communication and Family Medicine at Ohio State University. You can download the document at www.heart.org/visits and use it to write down your feelings, questions and concerns before your doctor visit.

PACE stands for:

- P** = Provide information about how you feel.
- A** = Ask questions if you don't have enough information.
- C** = Clarify what you hear.
- E** = Express any concerns about your treatments.

A day or two before your visit, review the PACE sheet and fill in the answers. Know the reason for your appointment and be ready to describe symptoms and concerns and ask questions about your condition, tests, procedures and medicines, as well as what you hope can be done to treat you. Solidify your hopes and expectations for your visit. Take the PACE sheet with you to show your doctor. Bring paper and a pen so you and your doctor can write down the answers to your questions, or bring a tape recorder and ask your doctor if it's okay to tape your visit. Don't be afraid to write things down or ask your doctor to spell medical words or draw pictures for you.

During the visit, once your doctor has answered any questions you have, clarify what you hear:

- If you don't understand something, ask the doctor to explain.
- Repeat the doctor's instructions using your own words.
- At the end of the visit, review what you and the doctor agreed upon.

Be yourself, but be comfortable, relaxed, honest, inquisitive and straightforward. Still feeling timid about the whole thing? Bring a friend or relative to help ask questions for you and even write down the answers—then you can focus intently on what your doctor is saying. Don't forget to bring a list of your medications and supplements—since both can interact with each other—and double-check supplement dosages.

If you see a doctor who's a reasonably good communicator, he or she will innately anticipate many questions, Kowey says. He personally likes to sit down, indicating that he's not rushing

How to speak up

Whether you're at your doctor's office, in the hospital or on the phone, it's important to speak up and say what's on your mind. Talking openly about your concerns will help ease your fears and help your doctor understand you better.

Ask questions

You probably have a lot of questions about your health—symptoms, tests, procedures, medicines and treatments. So you have to ask! Remember that when it comes to your health, there are no dumb questions. All of them are important.

Give information

Doctors may know a lot about medicine, but they can't know a lot about you unless you tell them. You need to tell your doctor the symptoms or problems you are having, how medicines are affecting you or if you're taking your medicines as prescribed. Don't be embarrassed—be honest. Without this information, your doctor may be unable to provide you with the best care or treatment.

Come back to your concerns

If you don't think your doctor has given you the answer you're looking for, speak up! Sometimes asking questions can lead to a different topic—if this happens, bring the conversation back to what's bothering you. Don't be afraid to repeat questions if you're not getting the answers you need.

Tell your doctor about your beliefs

Everyone has different beliefs about their health, which can come from religion, family, culture or even what we see and hear on TV, radio and the Internet. These beliefs affect your health habits, so your doctors need to know what you believe. This will help them understand you better and provide you with correct information.

to the next appointment. Then he starts with some banter and non-medical questions. Follow-up visits evolve and mature in context, as does the doctor-patient relationship. Remember that your visit isn't a one-time event, but a prelude to achieving long-term health goals.

"It's essential to pick someone you like and stick with [him or her], and try to stay within one healthcare system to coordinate care," Kowey says. "That helps tremendously to keep things from falling through the cracks."

Communicating effectively with your doctor may be hard at first, but once you get used to it you may be surprised at how much information you can get from your doctor's visit. "You just have to trust yourself," says Kelly. "Be your own advocate. Ask those tough questions even if it's hard for you." ■

Navigating the insurance sea

What you need to know about the Affordable Care Act Marketplaces

BY NORRA MACREADY

It's had a turbulent beginning, but the Patient Protection and Affordable Care Act will provide a port in the storm for millions of people who were unable to afford health insurance before. Anyone with a history of cardiovascular disease or stroke has particular reason to cheer, because under the Act, insurers no longer can turn away people with pre-existing conditions, nor can they charge them higher premiums because of their medical condition.

However, people trying to find the best insurance plan may still encounter rocky waters. Here is some information on making the voyage as smooth as possible.

BASIC FACTS

The cornerstone of the Act has been the establishment of Health Insurance Marketplaces, also called exchanges, which make it easier for people who buy their own private health insurance to shop for the plan that best meets their needs. To ensure a minimum level of quality and coverage, all of the plans must meet minimum standards and provide coverage for 10 categories of Essential Health Benefits: preventive screenings and services; outpatient care such as office visits, prescription drugs and laboratory tests; rehabilitative services such as speech and physical therapy; hospital care; emergency care; maternity care; mental health care and pediatric services.

Plans are grouped into four basic categories, based on the percentage of costs they cover. *Bronze* plans have the lowest premiums and cover, on average, 60 percent of costs, followed by *Silver* plans, which cover an average of 70 percent of costs. *Gold* plans, which cover 80 percent of costs and *Platinum* plans, which cover 90 percent of costs, also have the highest monthly premiums.



To help make those premiums more affordable, tax credits called the Health Insurance Premium Tax Credits are available for households with an income from 100 percent to 400 percent of the federal poverty line, or \$23,550 to \$94,200 for a family of four. Eligibility for these tax credits is pegged to the cost of insurance as a percentage of household income, so a family of four with an income of 100 percent to 133 percent of the federal poverty line (\$23,550 to \$31,322) will receive tax credits if insurance costs exceed 2 percent of their income. For a family earning 350 percent to 400 percent of the federal poverty line (\$82,425 to \$94,200), the credits kick in when costs exceed 9.5 percent of annual income.

Most people who currently receive coverage through their employer will continue to do so under the law. People whose company plan's premium exceeds 9.8 percent of their family's income, or whose employer pays less than 60 percent of the premium, may also be eligible to shop in the Marketplace and to receive the health insurance premium tax credit.

As originally envisioned, under the Act each state would create its own Marketplace, where consumers could go to perform

apples-to-apples comparisons of the different plans available in each of the price categories. However, as of this writing, only 14 states plus the District of Columbia have established their own Marketplaces. For people in the other 36 states, the federal government has a Marketplace that will allow them to find plans available in their state. "The most important thing to remember is that regardless of the state you live in, there will be a Marketplace for you, with plan options and premiums tailored for you in those states," says Stephanie Mohl, the American Heart Association's senior government relations advisor.

The law also offers each state generous subsidies to encourage them to expand Medicaid eligibility to people whose income is below 133 percent of the federal poverty line. However, as of this writing, only 24 states are participating or leaning toward participating in the Medicaid expansion, and a few others (five) are considering alternate plans for expansion.

QUALITY CONTROL

Quality of care is an important component of the Affordable Care Act. It encourages healthcare providers to provide care

Special considerations for people with heart conditions

People with medical conditions often develop close relationships with certain doctors or other practitioners. Each plan offered in the Marketplace provides a list of the doctors and hospitals participating in that plan, so potential enrollees can determine if they can continue seeing their favorite doctor, says health economist Robert D. Lieberthal, Ph.D., assistant professor at the Jefferson School of Population Health, Thomas Jefferson University, in Philadelphia. His research has shown that hospitals reporting the lowest mortality rates for conditions such as heart failure, heart attack and pneumonia were ones that treated the greatest number of patients with those conditions.

"When people look at plans on the exchanges, they should check to see if the plan includes providers that they're currently seeing, or if the providers that are included have been demonstrated to deliver the highest quality of care." For example, "people who have had a heart attack or stroke might be interested in looking at the available data on outcomes in different hospitals that treat patients with those conditions, and whether those hospitals are

included in any of the plans that they're shopping for on the exchange."

"The best plan for someone with a cardiovascular condition is probably the best one they can afford, not necessarily the cheapest," says Ferdinand. "If a patient has a history of stroke, heart failure or a heart attack, there's a good chance that they're on medications and may have another event, even if they're getting the best of care and are controlling their risk factors. If their finances can support getting a Gold or Platinum-level plan, that's what I would suggest, because the chances are great that that they are going to need those medications for a lifetime, and the chances are also good that they are probably going to need more medical care and possibly hospitalization." Some Bronze-level plans may have co-pays and deductibles amounting to 40 percent of certain types of care, which can add up very quickly, he warns. "That being said, if someone can't afford a Gold or Platinum plan, where the medical costs and deductibles are going to be much less than with a Bronze or Silver-level plan, Silver would be best."

“The best plan for someone with a cardiovascular condition is probably the best one they can afford, not necessarily the cheapest.”

that meets or exceeds a certain standard. For example, hospitals will be penalized if a predefined percentage of their patients are readmitted for an avoidable reason within 30 days after discharge.

CHOOSING A PLAN

After they meet the basic requirements, insurance plans in a given category can differ in the cost-sharing they require, so it's important to take the time to determine if a plan really is right for you. For example, a 45-year-old single person living in Southern California and earning \$22,000 per year might find three plans at the Silver level, with monthly premiums ranging from \$88 to \$108 (after a tax credit of \$188). A quick glance suggests that all of the plans require a \$50 deductible for brand name drugs, a \$20 copay for a specialist visit and a \$15 copay for visits to other practitioners.

However, when it comes to imaging studies such as computed tomography or positron emission tomography (CT or PET scans), the copay for two of the plans is \$100, while for the third you are responsible for 15 percent of the total bill after the deductible has been met.

This may seem daunting, but don't despair. The best place to start is at the Marketplace website maintained by the federal government, www.healthcare.gov. Although the website has experienced well-publicized problems in its first month, as of this writing, its operation has improved and will continue to improve over time. At the website, you will find a series of questions that will allow the site to guide you to the appropriate place, whether you live in a state that has its own Marketplace or if you're shopping on the federal exchange. Filling out a single three-page application on the site will allow individuals to find out if they qualify for tax credits or for free or low-cost coverage through Medicaid or the Children's Health Insurance Program. The website and application are available in both English and Spanish.

In addition to the website, every state will have assisters, or navigators, who have been specially trained and certified to help you through the process, says Cheryl Fish-Parcham, deputy director of health policy for Families USA. In addition, "there are call centers in both the state and federal exchanges that can help," she says, "and paper applications are also available, so the website should not hinder someone from being able to apply."

For someone with no Internet access or who needs assistance in a language other than English or Spanish, Fish-Parcham suggests calling the federal call center at 1-800-318-2596 to get started. There, you can get help in up to 150 additional languages. "They can direct you to a state call center," she says, "if you're in a state that's running an exchange." From there, you can connect with a navigator or other qualified person who can help you make an informed decision.

Your local public library is also an excellent resource, says Keith Ferdinand, M.D., a cardiologist and professor of clinical medicine at the Tulane University Heart and Vascular Institute in New Orleans. Libraries have free internet access, and librarians can help with Internet navigation.

BETWEEN THE CRACKS

Options are even available to people who earn from 100 percent to 133 percent of the federal poverty line and live in a state that is not participating in the Medicaid expansion. First, they may qualify for tax credits toward premiums for plans sold in the Marketplace, which may soften the blow somewhat. Also, says Mohl, "There is a great network of community health centers across the country that provide free or low-cost care to people regardless of their insurance status. The Affordable Care Act greatly increased our country's investment in those centers, so those people are not entirely without options. Those centers mostly provide primary care, but they may be able to arrange for someone to see a specialist for free or a reduced fee."

ACT NOW

The open enrollment period to sign up for insurance through the Patient Protection and Affordable Care Act ends on March 31, 2014, so you still have time. Once the initial enrollment period ends, however, people without insurance will have to wait until the next open enrollment period to sign up for coverage and may have to pay a fine when they complete their income tax returns in 2015. There are special circumstances, such as if you lose your health insurance, get married or move, that will allow you to enroll even once the open enrollment period ends. Those who qualify for Medicaid can sign up at any time.

To find out more about the plans offered and how to sign up, visit heartorg/healthinsurance and heartforhealthcare.org. ■



Tips for starting a physical activity program

By making the simple choice of getting up and moving, you'll be getting quite a few payoffs: People who are physically active typically eat healthier and smoke less, report less stress and feel better about their lives in general. Yet 80 percent of Americans don't get the physical activity they need. Don't be one of the 80 percent—here are some tips to help you get started! First, visit your healthcare provider and get a baseline

health screening to make sure you're healthy enough for physical activity. Once you've got the green light to get moving, start out by taking a walk. It's free and easy! Wear comfortable clothes and sneakers (or flat shoes with laces). Start slowly, and gradually build up to at least 30 minutes of moderate intensity physical activity (like brisk walking) on most or all days of the week—your doctor will let you know what's best for you.

An exercise companion can help you stay motivated, so grab a friend! Or join an exercise group, health club or local YMCA. Also check out churches and senior centers—many of them offer exercise programs, too.

Be sure to drink a glass of water before, during and after activity. Again, your doctor can advise you on how much water you need to stay hydrated.

Note your activities in a journal, calendar or logbook. Write down the distance and length of time of your activity and how you feel after each session. Make physical activity a regular part of your day—let it become a habit! Add it to your calendar and treat it like any other important meeting or event. And if life gets in the way, don't get discouraged if you stop for a while. Just get started again and work up to your previous pace.

To keep from getting bored, mix it up. Walk one day, ride your bike on another, take a yoga class on the weekend. The American Heart Association recommends 150 minutes of moderate-intensity aerobic physical activity a week, and they also recommend strength training with weights or resistance bands two to three times a week. A combination of these two types of exercise can help you stay healthy. Exercise is just one of the components of the AHA's "Simple 7" steps to a healthier heart.

Remember that exercise doesn't have to be a scheduled event. Look for ways during your day to be more active—take the stairs instead of the elevator, park farther away from the mall entrance, walk the dog after dinner instead of sitting down in front of the TV. You'll be surprised at how many opportunities for physical activity you'll find during the day. The important thing is to incorporate physical activity into your life whenever you can—and once you get started, keep it up!



Guidelines for healthy eating



Advice about "healthy eating" is everywhere, but what exactly does that mean? When you're filling up your grocery cart or preparing dinner, what foods should you choose? Having a list of guidelines can help you pick foods that will fight heart disease.

per day should consume less than 16 grams of saturated fat, less than 2 grams of trans fat and between 50 and 70 grams of total fat. Limit cholesterol to no more than 300 milligrams each day.

- Limit the amount of added sugars you eat. A good guideline: No more than 100 calories from sugar each day for women (about six teaspoons/day), 150 calories for men (about nine teaspoons/day).
 - Aim to keep your sodium intake to 1,500 milligrams or less each day to keep your blood pressure in check. Limit processed meats like cold cuts, sausage and hot dogs to fewer than two servings a week.
 - Try to eat four servings of nuts, legumes and beans each week.
 - Consume alcohol in moderation—one drink per day for women, one to two for men.
 - When eating out, pay attention to portion sizes and calorie counts.
- By following these guidelines, you'll have "healthy eating" in the bag!



The AHA's Heart Healthy Diet Recommendations include the following, based on a 2,000-calorie per day diet:

- Balance the number of calories you eat with physical activity to maintain a healthy weight. Don't eat more calories than you need.
- Try to eat 9 to 10 servings, or $4\frac{1}{2}$ cups, of fruits and vegetables every day. They're high in fiber, vitamins and minerals and low in calories.
- Choose whole grains and high-fiber foods, and try to eat three 1-ounce servings every day. Fiber can help you feel full longer so you don't give in to cravings!
- Twice a week, make it a point to eat fish like salmon or albacore tuna to get healthy omega-3 fatty acids in your diet.
- Choose lean meats, select fat-free (skim), 1 percent or low-fat dairy products and avoid hydrogenated fats like margarine, shortening, cooking oils and foods made with them. A good guideline: A person needing 2,000 calories

Life's Simple 7 in a Nutshell

Cardiovascular health encompasses two basic components: ideal health behaviors and ideal health factors.

The behaviors include not smoking, maintaining a healthy weight, meeting or exceeding AHA recommendations for physical activity and eating a healthy diet.

The health factors include blood pressure, fasting blood glucose and total cholesterol levels that are within the AHA's recommended range—preferably without needing medication to keep them there.

Modest lifestyle or behavioral changes can move you in the right direction. And those who make behavioral changes before developing any serious health risks can look forward to a better quality of life and moving toward excellent heart health.



Using your mobile device to get healthy



Smartphones and tablets have made health information available right at our fingertips, and there are a lot of apps and mobile-friendly websites that can help you keep an eye on your health. They can help you keep track of the medicines you take, keep a food diary, track the number of steps you take or the miles you walk or run, record your blood pressure and so much more. Most are free or cost just a dollar or two.

You can keep track of what you eat every day with apps like Lose It! (loseit.com) and MyFitnessPal (myfitnesspal.com). These apps have large databases of foods that provide nutrition info, so you can not only track calories but also the percentage of fats, carbs and protein you're taking in each day. They also allow you to scan a food's bar code to get instant nutrition information. And you can use them to track your physical activity and help you set weight loss goals.

Keeping track of your medicines is made easy with apps like My Med Schedule (mymedschedule.com) and Med Helper (medhelperapp.com). They remind you when to take your medicines, allow you to create and print schedules, track

prescriptions and refills and send reports directly to your doctor.

Monitoring your blood glucose is a snap with Glucose Buddy (glucosebuddy.com), which lets you track your blood glucose readings and medicines you're taking. Apps like Blood Pressure Watch and Blood Pressure Companion can help you record and track your blood pressure readings, which you can share with your doctor.

These apps can make monitoring health information easy, but they're no substitute for your doctor's advice. Browse your app store, read the user reviews and let your doctor know which ones you're using.

The American Heart Association's mobile-friendly website Heart360 (heart360.org) is a one-stop-shop that allows you to track your blood pressure, weight, physical activity, blood glucose, cholesterol and medications. It allows you to share with your doctor as well as others you designate, such as an adult child or spouse who may need access to your health info.

Information on apps not developed by the American Heart Association is provided as a resource for our readers. They have not been reviewed or endorsed by the AHA.



Why blood pressure matters

You hear so much about blood pressure and how important it is to keep yours within a healthy range. But why is blood pressure so important to our bodies?

Blood pressure readings measure two things: the force that pushes on the walls of your blood vessels as they carry blood and oxygen to your organs (systolic pressure) and the force that's created when your heart rests between beats (diastolic pressure). If you're looking at a blood pressure reading of 120/80, the systolic pressure is the first number and the diastolic pressure is the second one. If either of these pressures is too high, it means that too much pressure is being put on the walls of your blood vessels. This can lead to stressed arteries that could develop weak spots or scars over time, which can cause increased plaque buildup and raise your risk of blood clots.

Think of your blood pressure like the air pressure in tires. If the air pressure goes too high, the tire could pop. That's why it's so important to keep an eye on your blood pressure and make sure it's not getting too high.

High blood pressure (HBP) can be deadly. It's sometimes called "the silent killer" because it has no symptoms. The only way to know you have it is to have it checked regularly.

HBP is the single biggest risk factor for heart disease, stroke and other cardiovascular problems. If it's left untreated it could lead to heart attack, heart disease, congestive heart failure, atherosclerosis (fatty buildup in the arteries that causes them to harden), stroke, kidney damage, vision loss, erectile dysfunction, memory loss, fluid in the lungs, chest pain or discomfort and peripheral artery disease.

Fortunately, there are steps you can take to keep your blood pressure within a healthy range. Be sure you get your blood pressure checked regularly by your healthcare provider. Adopt a healthy lifestyle by eating a better diet, enjoying regular physical activity, reaching and maintaining a healthy weight, taking any prescription medicines as instructed by your doctor, not smoking and limiting alcohol intake. A healthy lifestyle can reduce, prevent or delay the development of HBP, enhance the effectiveness of blood pressure medicines and lower your risk of heart disease, heart attack, stroke and kidney disease.



Dealing with the urge to smoke

Quitting smoking isn't easy, but it's certainly one of the best things you can do for your health! What happens, though, when you've finally quit and you continue to have the urge to smoke? There are some steps you can take to deal with these urges and not give in to them.

When you were a smoker, your body became addicted to the nicotine in cigarettes. Urges to smoke are one way that your body is telling you it wants nicotine. These urges are often triggered by certain people, places, things or situations. *Step 1* in taking control of your urge to smoke is to recognize these triggers. Some common smoking triggers include feeling stressed, finishing a meal, taking a work break, seeing someone else smoke and feeling lonely. Think about the triggers that make you want to smoke.

Step 2 is to come up with ways to cope with these

triggers. For example, if you feel stressed and think you need a cigarette, take a walk to calm down instead. If you used to have a cigarette after dinner, brush your teeth or take your dog for a walk instead. If you used to smoke when drinking, cut down on alcohol so it doesn't trigger an urge to smoke. Go where smoking isn't allowed, such as restaurants or bars that have nonsmoking sections. Stay around people who don't smoke and find support with a friend you can talk to when you feel the urge to smoke.

Step 3 is to put this plan into action. Have a plan for each trigger and review them often so you'll be ready when an urge comes on. It's important to realize, too, that urges usually last only five to ten minutes. So if you can distract yourself from the urge to smoke, it will pass. Call or text a friend, take a walk, keep your mouth busy (with sugar-free gum or mints) and take deep breaths. Before you know it, your urge to smoke will be gone and you'll be ready the next time an urge arises.



Resources

Life's Simple 7® Assessments

To understand the steps you may need to take to improve heart health and quality of life, visit heart.org/mylifecheck

Track your heart health

To track your blood pressure, blood glucose, weight, cholesterol and more online, visit heart360.org

Quit smoking

To find support and resources for quitting smoking, visit smokefree.gov

Get physically active

For ideas on how to incorporate physical activity into your life, visit startwalkingnow.org

Fast Food Makeover

Pork and Green Onion Tacos

Serves 4; 2 tacos per serving

Grilling lean pork chops and thinly slicing them is a fast way to get that classic pork flavor found in many Mexican dishes. Grilling the green onions gives them a charred, smoky taste that contrasts

with the earthy spinach and sweet tomato.

Ingredients

Cooking spray
½ cup fat-free sour cream
¼ cup chopped fresh cilantro

1 tablespoon fresh lime juice
1 small garlic clove, minced
1 teaspoon smoked paprika
½ teaspoon chipotle powder
½ teaspoon salt
12 ounces boneless pork loin chops (about ¾ inch thick), all visible fat discarded
8 medium green onions (6 to 8 inches long)
8 6-inch corn tortillas
2 cups loosely packed shredded spinach or romaine
1 medium tomato, cut into thin wedges
1 small lime, cut into 4 wedges

Directions

1. Lightly spray the grill rack with cooking spray. Preheat the grill on medium.
2. In a small bowl, whisk together the sour cream, cilantro, lime juice, and garlic. Set aside.
3. In a separate small bowl, stir together the paprika, chipotle powder, and salt. Sprinkle over both sides of the pork. Using your fingertips, gently press the mixture so it adheres to the pork.
4. Grill the pork for 3 to 4 minutes on each side, or until it registers 145°F on an instant-read thermometer. Transfer to a cutting board. Let stand for 3 minutes.
5. Grill the green onions for 1 to 2 minutes on each side, or until they begin to brown. Transfer to the cutting board.
6. Warm the tortillas using the

package directions.

7. Thinly slice the pork diagonally across the grain. Chop the green onions into 1-inch pieces. Layer as follows in the center of the tortillas: the pork, green onions, spinach, and tomato wedges. Spoon the sour cream mixture on top. Serve the tacos with the lime wedges.

Nutrients per Serving

Calories	255
Total Fat	4.0 g
Saturated Fat	1.0 g
Trans Fat	0.0 g
Polysaturated Fat	1.0 g
Monounsaturated Fat	2.0 g
Cholesterol	61 mg
Sodium	176 mg
Carbohydrates	29 g
Fiber	6 g
Sugars	7 g
Protein	24 g

Dietary Exchanges

1½ starch, 1 vegetable, 3 lean meat



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February is American Heart Month. Try some of these healthy and delicious recipes as alternatives for fast-food favorites to help take care of your heart.

Chinese Chicken Stir-Fry

Serves 6; 1 cup chicken mixture and ½ cup rice per serving

It takes just a few minutes to prepare your own delicious, healthful stir-fry. Our version combines juicy chicken with plenty of veggies.

Ingredients

- 1½ cups uncooked instant brown rice
- 3 tablespoons cornstarch
- 1½ cups fat-free, low-sodium chicken broth
- 3 tablespoons dry sherry or fresh orange juice
- 2 tablespoons soy sauce (lowest sodium available)
- 1 tablespoon plain rice vinegar
- 2 teaspoons chili oil
- 1 tablespoon grated peeled gingerroot
- 3 medium garlic cloves, minced
- 1 pound boneless, skinless chicken breasts, all visible fat discarded, cut into 1-inch cubes
- 2 teaspoons toasted sesame oil
- 8 ounces mushrooms, sliced
- 1 cup diced red bell pepper
- 1 8-ounce can water chestnuts, drained
- ¾ cup sliced green onions
- ½ cup pecan halves, dry-roasted
- ¼ teaspoon crushed red pepper flakes

Directions

1. Prepare the rice using the package directions, omitting the salt and margarine. Set aside. Cover to keep warm.
2. Put the cornstarch in a medium bowl. Add the broth, sherry, soy sauce, and vinegar,



whisking to dissolve. Set aside.
3. In a large skillet or wok, heat the chili oil over high heat, swirling to coat the bottom. Cook the gingerroot and garlic for 1 minute, stirring constantly. Reduce the heat to medium high. Stir in the chicken. Cook for 4 minutes, or until the chicken is lightly browned, stirring constantly. (The chicken won't be done at this point.) Transfer to a plate. Wipe the

skillet with paper towels.

4. In the same skillet, still over medium-high heat, heat the sesame oil, swirling to coat the bottom. Cook the mushrooms, bell pepper, and water chestnuts for 5 to 7 minutes, stirring frequently.

5. Whisk the broth mixture. Stir it into the mushroom mixture. Stir in the chicken. Cook for 3 to 4 minutes, or until the chicken is no longer

pink in the center.

6. Stir the green onions, pecans, and red pepper flakes into the chicken mixture. Cook for 2 minutes, stirring frequently. Serve over the rice.

Nutrients per Serving		Carbohydrates	30 g
Calories	317	Fiber	4 g
Total Fat	12.0 g	Sugars	4 g
Saturated Fat	1.5 g	Protein	21 g
Trans Fat	0.0 g		
Polyunsaturated Fat	3.5 g		
Monounsaturated Fat	5.5 g		
Cholesterol	48 mg		
Sodium	248 mg		

Dietary Exchanges
1½ starch, 1 vegetable, 2½ lean meat, ½ fat



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Garlicky Greek Salad Pizza

Serves 6; 1 slice per serving

Salad and a slice? Why not combine them and enjoy your pizza and greens in the same bite? We top our honey-wheat pizza crust with a cool, fresh chopped Greek salad, complete with kalamata olives and feta.

Ingredients

Dough

- 1 cup plus 2 tablespoons lukewarm water (105°F to 115°F)
- 1 ¼-ounce package active dry yeast
- 1 ½ cups all-purpose flour, 3 to 4 tablespoons all-purpose flour, and ¼ cup all-purpose flour (if needed), divided use
- 1 cup whole-wheat flour
- 1 ½ teaspoons honey
- ½ teaspoon olive oil
- ½ teaspoon salt
- Cooking spray

- 1 tablespoon finely chopped fresh oregano or 1 teaspoon dried oregano, crumbled
- 2 teaspoons olive oil
- 2 large garlic cloves, crushed
- ¼ teaspoon crushed red pepper flakes

Salad

- 4 cups chopped romaine
- 1 medium tomato, chopped
- ½ medium green bell pepper, chopped
- ½ medium cucumber, peeled, seeded, and chopped
- ½ cup chopped red onion
- 5 kalamata olives, drained and coarsely chopped
- 1 tablespoon finely chopped fresh oregano or 1 teaspoon dried oregano, crumbled
- 1 tablespoon fresh lemon juice
- 2 teaspoons olive oil
- 2 ounces crumbled fat-free feta cheese

Directions

1. In a small bowl, combine the water and yeast, stirring to dissolve. Let stand for 5 minutes.
2. Meanwhile, in a large bowl, stir together 1 ½ cups all-purpose flour, the whole-wheat flour, honey, ½ teaspoon oil, and the salt. When the yeast is ready, add it to the flour mixture, stirring until the dough starts to pull away from the side of the bowl. (You may need extra flour.)
3. Using the remaining 3 to 4 tablespoons all-purpose flour, lightly flour a flat surface. Turn out the dough. Knead for 5 minutes, gradually adding, if needed, enough of the final ¼ cup all-purpose flour to make the dough smooth and elastic. (The dough shouldn't be dry or stick to the surface. You may not need any of the final ¼ cup all-purpose flour, or you may need all of it if the dough is sticky.)
4. Lightly spray a separate large bowl and a piece of plastic wrap large enough to cover the top of the bowl with cooking spray. Transfer the dough to the bowl, turning to coat with the cooking spray. Cover the bowl with the plastic wrap, with the sprayed side down. Let the dough rise in a warm, draft-free place (about 85°F) for about 1 hour, or until doubled in bulk. Punch the dough down. Using a small amount of all-purpose flour, lightly flour a flat surface. Roll the dough into a 12-inch circle. Transfer to a large



pizza stone or baking sheet. Let the dough stand for 10 minutes. Meanwhile, preheat the oven to 425°F.

5. In a small bowl, whisk together 1 tablespoon oregano, 2 teaspoons oil, the garlic, and red pepper flakes. Set aside.

6. Bake the pizza dough for 12 to 15 minutes, or until lightly browned.

7. Meanwhile, in a third large bowl, toss together the romaine, tomato, bell pepper, cucumber, onion, olives, and 1 tablespoon oregano. Transfer the mixture to a cutting board. Using a large chef's knife, chop the mixture

into bite-size pieces. Return to the bowl. Add the lemon juice and 2 teaspoons oil to the salad, tossing to coat.

8. When the crust is baked, remove from the oven.

Immediately brush with the oregano mixture. Arrange the salad on the crust. Sprinkle with the feta.

Nutrients per Serving

Calories	295
Total Fat	5.5 g
Saturated Fat	1.0 g
Trans Fat	0.0 g
Polysaturated Fat	1.0 g
Monounsaturated Fat	3.0 g
Cholesterol	0 mg

Sodium	400 mg
Carbohydrates	53 g
Fiber	5 g
Sugars	4 g
Protein	10 g

Dietary Exchanges

3 starch, 1 vegetable, ½ fat



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Chocolate-Peanut Butter Smoothies

Serves 4; 1 cup per serving

The protein in this drink will give you a healthy energy boost as either a breakfast meal or a midafternoon pick-me-up; the chocolate and peanut butter flavors are a classic combination that can't be beat.

Ingredients

2½ cups fat-free milk
3 ounces fat-free vanilla Greek yogurt
¼ cup unsweetened Dutch-process cocoa powder

2½ tablespoons sugar
3 tablespoons low-sodium peanut butter
1 teaspoon vanilla extract
¼ teaspoon ground cinnamon

Directions

In a food processor or blender, process all the ingredients until smooth.

Nutrients per Serving

Calories	193
Total Fat	6.5 g
Saturated Fat	1.5 g
Trans Fat	0.0 g
Polyunsaturated Fat	1.5 g
Monounsaturated Fat	3.0 g
Cholesterol	3 mg
Sodium	76 mg
Carbohydrates	23 g
Fiber	2 g
Sugars	18 g
Protein	11 g

Dietary Exchanges

1 fat-free milk, ½ other carbohydrate, 1 fat



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Diabetes Prevention Program

You can reduce your risk for type 2 diabetes and gain tools for healthy living.

DID YOU KNOW?

- About **79 million American** adults have prediabetes.
- People with prediabetes are likely to develop type 2 diabetes within 10 years, unless they **take action to prevent** or delay the disease.
- Diabetes is a **leading cause** of heart disease, stroke, blindness, kidney disease and nerve disease.

THE GOOD NEWS...

Lifestyle changes such as eating healthier, increasing physical activity and losing a modest amount of weight can prevent or delay development of type 2 diabetes in those at high risk for the disease. With the YMCA's Diabetes Prevention Program, you can work with others in a small group setting to learn how to adopt habits that will improve your overall health and well-being and reduce your risk. The program, which is led by a trained Lifestyle Coach in a classroom setting, is delivered over a 12-month period, beginning with 16 weekly sessions followed by monthly maintenance.

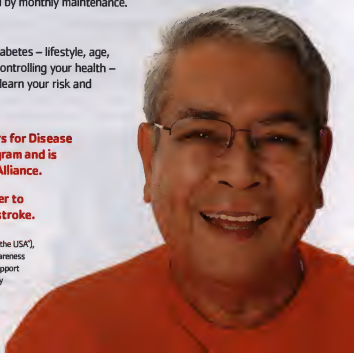
TAKE CONTROL OF YOUR HEALTH


There are many factors that determine if you are at risk for type 2 diabetes – lifestyle, age, family history and weight to name a few. Take the first step toward controlling your health – visit www.ymca.net/diabetes-prevention to take a short quiz to learn your risk and find out if the program is available in your community.

The YMCA's Diabetes Prevention Program is part of the Centers for Disease Control and Prevention-led National Diabetes Prevention Program and is nationally supported by the Diabetes Prevention and Control Alliance.

The American Heart Association and the Y are working together to prevent diabetes – a leading risk factor for heart disease and stroke.

National Council of Young Men's Christian Association of the United States of America ("YMCA of the USA"), has made a commitment to collaborate on efforts to support a national movement to increase awareness and take measures to prevent diabetes and its complications among groups at risk, and to help support treatment outcomes for individuals who have confirmed diagnoses or indications of prediabetes by promoting an effective lifestyle change. The parties referenced above do not warrant or guarantee any specific outcomes for program participants, with respect to diabetes prevention.





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The average person spends 80,000 hours building assets during their lifetime, yet less than 4 hours planning what their heirs will receive. Even more unsettling is the fact that 7 out of 10 Americans die without a will — leaving the distribution of all they have worked for to chance or to the state's discretion. The number one reason people fail to make a will is the belief that it is a complex and expensive process. Not true. Now, in less than one hour, you can begin creating a plan that will protect your hard-earned assets and ensure your wishes are known and followed. Our **will and estate planning kit**, *Matters of the Heart*, can help you save time, money and hassle with forms that quickly organize everything you own into an inventory.

To get your free copy, simply call 888-227-5242. You can also e-mail us at plannedgiving@heart.org or visit us at americanheart.org/plannedgiving.



We advise you to seek your own legal and tax advice in connection with gift and planning matters.
The American Heart Association does not provide legal or tax advice.

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WOMEN

Heart disease is the No. 1 killer of women, taking more lives than all forms of cancer combined. But we have the power to save our lives.

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GoRedForWomen.org

Allison Janney, National Ambassador

Watch Allison's story here ▶

or at Youtube.com/GoRedForWomen

